

# SEEC FORM 20

Itemized Campaign Finance Disclosure Statement  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
Revised January 2015



Page 1 of 17

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BRISTOL, CT

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## COVER PAGE

<b>1. NAME OF COMMITTEE</b>			
Calvin for Council			
<b>2. TREASURER NAME</b>			
First	MI	Last	Suffix
PINA		SALVATORE	
<b>3. TREASURER ADDRESS</b>			
Street Address	City	State	Zip Code
59 STRAWBERRY HILL ROAD	Bristol	CT	06010
<b>4. ELECTION/REFERENDUM DATE</b> (mm/dd/yyyy)		<b>5. OFFICE SOUGHT</b> (Complete only if Candidate Committee)	
11/03/2015		City Council	
		<b>6. DISTRICT NUMBER</b> (if applicable)	
		1	
<b>7. CANDIDATE NAME</b> (Complete only if Candidate or Exploratory Committee)			
First	MI	Last	Suffix
Calvin	A.	Brown	
<b>8. TYPE OF REPORT</b> (Check One Box)			
<input type="radio"/> January 10 filing			
<input type="radio"/> April 10 filing			
<input checked="" type="radio"/> July 10 filing			
<input type="radio"/> October 10 filing			
<input type="radio"/> 24 Hour Independent Expenditure			
<input type="radio"/> Primary <input type="radio"/> Election			
<input type="radio"/> 7th day preceding primary			
<input type="radio"/> 30 days following primary			
<input type="radio"/> 7th day preceding election			
<input type="radio"/> 12th day preceding election (State Central Committees Only)			
<input type="radio"/> 45 days following election not held in November			
<input type="radio"/> 7th day preceding referendum			
<input type="radio"/> 45 days following referendum			
<input type="radio"/> Deficit			
<input type="radio"/> Termination			
<input type="radio"/> Initial Contribution or Disbursement (PACs ONLY)			
<input type="radio"/> Amendment to Type of Report: _____			
<b>9. PERIOD COVERED</b>			
Beginning Date		Ending Date	
04/27/2015		06/30/15	
<b>10. CERTIFICATION</b>			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.			
		PINA SALVATORE	
TREASURER OR DEPUTY TREASURER (SIGNATURE)		PRINT NAME OF SIGNER	
		07/07/2015	
		DATE (mm/dd/yyyy)	
A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.			

## SEEC FORM 20

Itemized Campaign Finance Disclosure Statement  
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
 Revised January 2015

## SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Calvin for Council	July 10 Filib	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0
12. Balance on hand at the beginning of Reporting Period	0	
13. Contributions Received from Individuals (Sections A and B)	\$2,125.00	\$2,125.00
14. Receipts from Other Committees (Sections C1 and C2)	—	—
15. Other Monetary Receipts (Sections D through K)	—	—
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	—	—
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed	—	—
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	—	—
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$2,125.00	\$2,125.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$2,125.00	\$2,125.00
19. Expenses Paid by Committee (Section P)	\$ 285.92	\$ 285.92
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$1,839.08	\$1,839.08
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$ 30.00	\$ 30.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$ 672.12	\$ 672.12
23. In-Kind Contributions Received (Section M)	\$ 28.63	\$ 28.63
24. Refundable Deposit to Telephone Company (Section N)	—	—
25. Loan Balance	—	
25a. + Loans Received (Section D)	—	—
25b. + Interest and Penalties on Loan	—	—
25c. - Payments on Loan	—	—
25d. Total Outstanding Loan Amount	—	
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Calvin for Council				July 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				\$ 1,300.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name Brown		First RAYMOND		MI L.	
Residential Street Address 62 School Street		City Hillsboro		State NH	Zip Code 03244
Principal Occupation Manager		Name of Employer Concord Group Insurance			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No N/A		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative N/A		\$200.00	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 05/14/15		Aggregate Contributions \$200.00	
Last Name Dennett		First William		MI W	
Residential Street Address 80 Anita Street		City New Haven		State CT	Zip Code 06511
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No N/A		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative N/A		\$75.00	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 05/14/15		Aggregate Contributions \$75.00	
Last Name O'Brien		First THOMAS		MI P	
Residential Street Address 272 Center Street		City Bristol		State CT	Zip Code 06010
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No N/A		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative N/A		\$100.00	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 06/17/15		Aggregate Contributions \$100.00	
SUBTOTAL Section B — This Page				\$375.00	
TOTAL of additional Section B Pages				\$ 450.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$ 2,125.00	

Section B ADDITIONAL PAGE 1 of 2

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
CALVIN for Council				July 10 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>	
				\$ 1,300.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Wright		Gardner		E.	
Residential Street Address		City		State	Zip Code
45 Primrose Lane		Bristol		CT	06010
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Executive Legislative N/A			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/18/15		\$100.00	
Last Name		First		MI	
Wright		Christopher		A.	
Residential Street Address		City		State	Zip Code
35 Ruth Street, Unit 49		Bristol		CT	06010
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Executive Legislative N/A			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/21/15		\$100.00	
Last Name		First		MI	
Michtalik		Robert		A.	
Residential Street Address		City		State	Zip Code
2 maiden Lane		Plainville		CT	06062
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$75.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Executive Legislative N/A			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/21/15		\$75.00	
<b>SUBTOTAL Section B — This Page</b>				\$275.00	
<b>TOTAL of additional Section B Pages</b>				\$550.00	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				\$2,125.00	

Section B ADDITIONAL PAGE 2 of 2

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
CALVIN FOR COUNCIL				July 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$ 1,300.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
MARTEL		FRANES		B.	
Residential Street Address		City		State	Zip Code
214 ELLINOIS AVENUE		BRISTOL		CT	06010
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$75.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		If yes, indicate which branch or branches of government the contract is with:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		N/A	
If yes, list Event #		Executive <input type="checkbox"/> Legislative <input type="checkbox"/>		Aggregate Contributions	
				\$75.00	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/27/15		\$75.00	
Last Name		First		MI	
GANACHE		TIMOTHY		J.	
Residential Street Address		City		State	Zip Code
79 CYPRESS STREET		BRISTOL		CT	06010
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		If yes, indicate which branch or branches of government the contract is with:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		N/A	
If yes, list Event #		Executive <input type="checkbox"/> Legislative <input type="checkbox"/>		Aggregate Contributions	
				\$100.00	
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/27/15		\$100.00	
Last Name		First		MI	
Residential Street Address		City		State	Zip Code
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		If yes, indicate which branch or branches of government the contract is with:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list Event #		Executive <input type="checkbox"/> Legislative <input type="checkbox"/>		Aggregate Contributions	
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					
SUBTOTAL Section B — This Page				\$75.00	
TOTAL of additional Section B Pages				\$650.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$2,125.00	

# I. MONETARY RECEIPTS (Sections A—K)

N/A

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>						TYPE OF REPORT	
CALVIN for COUNCIL						July 10 filing	
<b>C1. Contributions from Other Committees</b>							
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No			Amount of Contribution	
			If yes, list Event # _____				
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No			Amount of Contribution	
			If yes, list Event # _____				
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No			Amount of Contribution	
			If yes, list Event # _____				
City	State	Zip Code	Date Received	Aggregate Contributions			
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>							
Name of Committee				Name of Treasurer			
Address			City			State	Zip Code
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution			Amount of Receipt		
Description							
Name of Committee				Name of Treasurer			
Address			City			State	Zip Code
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution			Amount of Receipt		
Description							
<b>SUBTOTAL Section C — This Page</b>						N/A	
<b>TOTAL of additional Section C Pages</b>						N/A	
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b> <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i>						N/A	

## I. MONETARY RECEIPTS (Sections A—K)

N/A

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT	
Calvin for Council					July 10 filing	
<b>D. Loans Received this Period</b>						
Name of Lender			Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address		City		State	Zip Code	
Name of Lender			Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address		City		State	Zip Code	
Name of Lender			Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address		City		State	Zip Code	
<b>TOTAL SECTION D</b>						
N/A						
<b>E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)</b>						
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contributions		
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contributions		
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contributions		
<b>TOTAL SECTION E</b>						
N/A						



## I. MONETARY RECEIPTS (Sections A—K)

N/A

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
CALVIN FOR COUNCIL		July 10 filing	
<b>F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)</b> N/A			
Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes If yes, list Event # <input type="radio"/> No	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes If yes, list Event # <input type="radio"/> No	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes If yes, list Event # <input type="radio"/> No	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes If yes, list Event # <input type="radio"/> No	Amount
TOTAL SECTION F			N/A
<b>G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)</b> N/A			
Date of Receipt	Date of Receipt	Date of Receipt	
Amount	Amount	Amount	
TOTAL SECTION G			N/A
<b>H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b> N/A			
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card		Amount
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card		Amount
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card		Amount
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card		Amount
TOTAL SECTION H			N/A
<b>I. Anonymous Contributions</b>			
Per Public Act 11-48, Anonymous Contributions may no longer be deposited in <i>any</i> amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.			



# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT		
CALVIN FOR COUNCIL				July 10 filing		
<b>J. Interest from Deposits in Authorized Accounts</b>						
Name of Institution			Date Received		Amount	
Webster Bank, N.A.						
Street Address		City		State	Zip Code	
575 Farmington Avenue		BRISTOL		CT	06010	
Name of Institution			Date Received		Amount	
Street Address		City		State	Zip Code	
<b>TOTAL SECTION J</b>					0	
<b>K. Miscellaneous Monetary Receipts not Considered Contributions</b>						
Name				Date of Transaction		Amount Received
Street Address		City		State	Zip Code	Amount Received
Description						Amount Received
Name				Date of Transaction		Amount Received
Street Address		City		State	Zip Code	Amount Received
Description						Amount Received
Name				Date of Transaction		Amount Received
Street Address		City		State	Zip Code	Amount Received
Description						Amount Received
Name				Date of Transaction		Amount Received
Street Address		City		State	Zip Code	Amount Received
Description						Amount Received
<b>TOTAL SECTION K</b>						
<b>SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)</b>						
Total Loans Received this Period (Section D)						-
Total Receipts from Entities other than Individuals or Other Committees (Section E) +						-
Total Amount Transferred from Affiliated Business Treasury (Section F) +						-
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) +						-
Total Amount of Personal Funds of the Candidate Received this Period (Section H) +						0
Total Amount of Interest from Deposits in Authorized Accounts (Section J) +						0
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) +						-
Total of Other Monetary Receipts (Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)						0

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
CALVIN FOR COUNCIL			July 10 filing	
<b>L1. Event Information</b>				
Event # Date of Event	Letter	Description	Was this a fundraising event?	
062715	A	COCKTAIL PARTY	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Location: Street Address		City	State	Zip Code
124 Sterbrooke Street		Bristol	CT	06010
<b>Subpart 1: (All Committees)</b>				
Was this event hosted at a personal residence?		<input checked="" type="radio"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> <input type="radio"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input checked="" type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input type="radio"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <span style="border: 1px solid black; padding: 2px 20px;">\$</span> <input checked="" type="radio"/> No		
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input checked="" type="radio"/> No		
<b>Subpart 3: (Town Committees ONLY)</b>				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <span style="border: 1px solid black; padding: 2px 20px;">\$</span> <input type="radio"/> No		
Event # Date of Event	Letter	Description	Was this a fundraising event?	
			<input type="radio"/> Yes <input type="radio"/> No	
Location: Street Address		City	State	Zip Code
<b>Subpart 1: (All Committees)</b>				
Was this event hosted at a personal residence?		<input type="radio"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> <input type="radio"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input type="radio"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <span style="border: 1px solid black; padding: 2px 20px;">\$</span> <input type="radio"/> No		
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input type="radio"/> No		
<b>Subpart 3: (Town Committees ONLY)</b>				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <span style="border: 1px solid black; padding: 2px 20px;">\$</span> <input type="radio"/> No		
<b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>			—	
<b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>			N/A	
<b>TOTAL of additional Section L1 Pages</b>			—	
<b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES</b> <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>			0	

## II. EVENT ACTIVITY (Sections L1—L5)

N/A

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <b>Calvin for Council</b>	TYPE OF REPORT <b>July 10 Filing</b>
<b>L3. Purchases of Advertising in a Program Book or on a Sign</b>	

Name of Purchaser		Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser		Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser		Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser		Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser		Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page	N/A
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page	N/A
TOTAL of additional Section L3 Pages	N/A
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)	N/A

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
CALVIN for Council				July 10 filing	
L4. In-Kind Donations Not Considered Contributions					
Name of Donor					
Dunphys Delights					
Street Address			City	State	Zip Code
916 STAFFORD AVENUE			BRISTOL	CT	06010
Donation Given By:	Description of Donation			Fair Market Value of Donation	
<input type="checkbox"/> Business Entity	CAKE			\$30.00	
<input type="checkbox"/> Individual	Date Received	Event #	Aggregate Value for this Event		
<input checked="" type="checkbox"/> Sole Proprietorship	06/27/15	062715 A	\$612.12		
Name of Donor					
Street Address			City	State	Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation	
<input type="checkbox"/> Business Entity					
<input type="checkbox"/> Individual	Date Received	Event #	Aggregate Value for this Event		
<input type="checkbox"/> Sole Proprietorship					
Name of Donor					
Street Address			City	State	Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation	
<input type="checkbox"/> Business Entity					
<input type="checkbox"/> Individual	Date Received	Event #	Aggregate Value for this Event		
<input type="checkbox"/> Sole Proprietorship					
Name of Donor					
Street Address			City	State	Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation	
<input type="checkbox"/> Business Entity					
<input type="checkbox"/> Individual	Date Received	Event #	Aggregate value for this Event		
<input type="checkbox"/> Sole Proprietorship					
Name of Donor					
Street Address			City	State	Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation	
<input type="checkbox"/> Business Entity					
<input type="checkbox"/> Individual	Date Received	Event #	Aggregate value for this Event		
<input type="checkbox"/> Sole Proprietorship					
SUBTOTAL Section L4 — This Page				\$30.00	
TOTAL of additional Section L4 Pages				0	
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 21, Column A of Summary Page Totals)				\$30.00	

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
CAVIN for council				July 10 filing	
<b>L5. In-Kind Donations Not Considered Contributions Associated with a House Party</b>					
Name of Host John Ferraro			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>		
Street Address 124 sterbrooke street		City Bristol		State CT	Zip Code 06010
Description of Donation Food, Beverages, Desserts, Decor, Fundraiser Tickets				Fair Market Value of Donation \$179.60	
Event # 062715 A	Aggregate Value of this Event—all hosts \$672.12	Aggregate Value of all Events—this host/candidate \$179.60			
Name of Host Joanne Ferraro			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>		
Street Address 124 sterbrooke street		City Bristol		State CT	Zip Code 06010
Description of Donation Food, Beverages, Desserts, Decor, Fundraiser Tickets				Fair Market Value of Donation \$179.60	
Event # 062715 A	Aggregate Value of this Event—all hosts \$672.12	Aggregate Value of all Events—this host/candidate \$179.60			
Name of Host Eric Wright			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>		
Street Address 48 Sandra Street		City Bristol		State CT	Zip Code 06010
Description of Donation Beverages, Dessert				Fair Market Value of Donation \$60.00	
Event # 062715 A	Aggregate Value of this Event—all hosts \$672.12	Aggregate Value of all Events—this host/candidate \$60.00			
Name of Host Debra A. Schur			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>		
Street Address 6 Pilgrim Road		City Bristol		State CT	Zip Code 06010
Description of Donation Food				Fair Market Value of Donation \$60.00	
Event # 062715 A	Aggregate Value of this Event—all hosts \$672.12	Aggregate Value of all Events—this host/candidate \$60.00			
<b>SUBTOTAL Section L5 — This Page</b>					\$479.20
<b>TOTAL of additional Section L5 Pages</b>					\$192.92
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY</b> (Enter total on Line 22, Column A of Summary Page Totals)					\$672.12

Section L5. ADDITIONAL PAGE 1 of 2

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Calvin for Council				July 10 Filing	
<b>L5. In-Kind Donations Not Considered Contributions Associated with a House Party</b>					
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Susan T. Berard			If yes, complete Itemization in Addendum L5		
Street Address		City		State	Zip Code
1 Fall Mountain Terrace		Terryville		CT	06786
Description of Donation				Fair Market Value of Donation	
Fruit Platter, Food				\$40.00	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate			
062715 A	\$672.12	\$40.00			
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Sandra C. Stafford			If yes, complete Itemization in Addendum L5		
Street Address		City		State	Zip Code
441 Clark Avenue		Bristol		CT	06010
Description of Donation				Fair Market Value of Donation	
Food and Dessert				\$50.00	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate			
062715 A	\$672.12	\$50.00			
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
David M. Fortier			If yes, complete Itemization in Addendum L5		
Street Address		City		State	Zip Code
163 Goodwin Street		Bristol		CT	06010
Description of Donation				Fair Market Value of Donation	
Food				\$50.00	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate			
062715 A	\$672.12	\$50.00			
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Janet NADHAZI			If yes, complete Itemization in Addendum L5		
Street Address		City		State	Zip Code
424 Lake Avenue		Bristol		CT	06010
Description of Donation				Fair Market Value of Donation	
Dessert and Dip				\$10.00	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate			
062715 A	\$672.12	\$10.00			
SUBTOTAL Section L5 — This Page				\$150.00	

Section L5. ADDITIONAL PAGE 2 of 2

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
COUNCIL FOR COUNCIL				July 10 filing	
<b>L5. In-Kind Donations Not Considered Contributions Associated with a House Party</b>					
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
JOANNA GRABOWSKI			If yes, complete Itemization in Addendum L5		
Street Address		City		State	Zip Code
84 FOXWOOD ROAD		BRISTOL		CT	06010
Description of Donation				Fair Market Value of Donation	
Ice				\$13.93	
Event #	Aggregate Value of this Event—all hosts		Aggregate Value of all Events—this host/candidate		
062715 A	\$672.12		\$13.93		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
PINA SALVATORE			If yes, complete Itemization in Addendum L5		
Street Address		City		State	Zip Code
59 STRAWBERRY HILL ROAD		BRISTOL		CT	06010
Description of Donation				Fair Market Value of Donation	
Food and Dessert				\$28.99	
Event #	Aggregate Value of this Event—all hosts		Aggregate Value of all Events—this host/candidate		
062715 A	\$672.12		\$28.99		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If yes, complete Itemization in Addendum L5		
Street Address		City		State	Zip Code
Description of Donation				Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts		Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If yes, complete Itemization in Addendum L5		
Street Address		City		State	Zip Code
Description of Donation				Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts		Aggregate Value of all Events—this host/candidate		
<b>SUBTOTAL Section L5 — This Page</b>				<b>\$42.92</b>	



### III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
CALVIN for Council				July 10 filing	
<b>M. In-Kind Contributions</b>					
Name Pina SALVATORE					
Street Address 59 STRAWBERRY Hill ROAD			City BRISTOL		State CT Zip Code 06010
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received 05/04/15	Aggregate Contributions \$28.63	Description of In-Kind Contribution "Thank you" CARDS		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No N/A			Fair Market Value of this Contribution \$16.93	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative N/A			<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No
Name Pina SALVATORE					
Street Address 59 STRAWBERRY Hill ROAD			City BRISTOL		State CT Zip Code 06010
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received 05/30/15	Aggregate Contributions \$28.63	Description of In-Kind Contribution Print Form M		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No N/A			Fair Market Value of this Contribution \$11.70	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative N/A			<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No
Name					
Street Address			City		State Zip Code
Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input type="radio"/> No			Fair Market Value of this Contribution	
Is this contribution associated with an event reported listed in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			<input type="radio"/> Yes <input type="radio"/> No
<b>SUBTOTAL Section M — This Page</b>				\$28.63	
<b>TOTAL of additional Section M Pages</b>				0	
<b>TOTAL OF ALL IN-KIND CONTRIBUTIONS</b> (Enter total on Line 23, Column A of Summary Page Totals)				\$28.63	
<b>N. Refundable Deposit to Telephone Company</b>					
Last Name of Individual		First		MI	Date Deposit Made
Residential Street Address		City	State	Zip Code	Amount of Deposit
Name of Telephone Company					
Street Address		City	State	Zip Code	
<b>TOTAL SECTION N</b> (Enter total on Line 24, Column A of Summary Page Totals)					N/A

SEEC FORM 20  
Revised January 2015

## IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
CALVIN FOR COUNCIL				July 10 Filing	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Webster Bank, N.A.			05/18/15		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
575 Farmington Avenue		Bristol		CT	06010
Purpose of Expenditure (by code)	Description	Event #		Amount	
BNK	Fee TO PRINT ACCOUNT checks			\$3.87	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
			<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee			Date of Payment		Method of Payment:
United STATES POSTAL Service			05/29/15		<input checked="" type="radio"/> Check # 100 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
OLD STATE HOUSE STATION		HARTFORD		CT	06103
Purpose of Expenditure (by code)	Description	Event #		Amount	
POST	STAMPS			\$49.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
			<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee			Date of Payment		Method of Payment:
United STATES POSTAL Service			06/02/15		<input checked="" type="radio"/> Check # 1002 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
OLD STATE HOUSE STATION		HARTFORD		CT	06103
Purpose of Expenditure (by code)	Description	Event #		Amount	
POST	STAMPS			\$49.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
			<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee			Date of Payment		Method of Payment:
Bridge Communications, Inc.			06/21/15		<input checked="" type="radio"/> Check # 1003 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
50 Progress Circle unit 7A		Newington		CT	06111
Purpose of Expenditure (by code)	Description	Event #		Amount	
PRNT	PRINT WALK CARDS			\$93.06	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
			<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
SUBTOTAL Section P — This Page				\$194.93	
TOTAL of additional Section P Pages				\$ 96.99	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)				\$ 285.92	

Section P ADDITIONAL PAGE 1 of 1

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
CALVIN FOR COUNCIL				July 10 filing	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
Eric Wright			06/28/15		<input checked="" type="checkbox"/> Check # 1004 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
48 SANDRA STREET		BRISTOL		CT	06010
Purpose of Expenditure (by code)	Description		Event #		Amount
RCW	Reimbursement for cost of Printing Fundraiser Invitations		062715 A		\$90.99
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
					<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
					<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
					<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
					<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
					<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
<b>SUBTOTAL Section P — This Page</b>			<b>\$90.99</b>		
<b>TOTAL of additional Section P Pages</b>			<b>\$ 90.99</b>		
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <small>(Enter total on Line 19, Column A of Summary Page Totals)</small>			<b>\$285.92</b>		

IV. EXPENDITURES (Sections P—T)

N/A

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Calvin for Council				July 10 filing	
<b>Q. Campaign Expenses Paid by Candidate</b>					
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment		Is reimbursement claimed?
					<input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment		Is reimbursement claimed?
					<input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment		Is reimbursement claimed?
					<input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment		Is reimbursement claimed?
					<input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment		Is reimbursement claimed?
					<input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment		Is reimbursement claimed?
					<input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
<b>SUBTOTAL Section Q — This Page</b>					N/A
<b>TOTAL of additional Section Q Pages</b>					N/A
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE</b> <small>(Enter total on Line 26, Column A of Summary Page Totals)</small>					N/A

# IV. EXPENDITURES (Sections P—T)

N/A

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Calvin for Council				July 10 filing	
<b>R. Expenses Incurred on Committee Credit Card</b>					
Name of Issuing Institution			Type of Credit Card:		
			<input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Discover <input type="radio"/> American Express <input type="radio"/> Other:		
Name of Vendor, Person or Entity				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Vendor, Person or Entity				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Vendor, Person or Entity				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Vendor, Person or Entity				Date of Transaction	
Street Address		City		State	Zip Code
<b>SUBTOTAL Section R — This Page</b>				N/A	
<b>TOTAL of additional Section R Pages</b>				N/A	
<b>TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD</b> <i>(Enter total on Line 27, Column A of Summary Page Totals)</i>				N/A	

## IV. EXPENDITURES (Sections P—T)

N/A

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
CAVIN FOR COUNCIL			July 16 filing	
<b>S. Expenses Incurred by Committee but Not Paid During this Period</b>				
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount Incurred</b> (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount Incurred</b> (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount Incurred</b> (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount Incurred</b> (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section S-This Page			N/A	
TOTAL of additional Section S Pages			N/A	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 28, Column A of Summary Page Totals)			N/A	
Previously reported Expenses Unpaid and still Outstanding			N/A	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 28a, Column A of Summary Page Totals)			N/A	

# IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
CALVIN for COUNCIL				July 10 filing	
T. Itemization of Reimbursements and Secondary Payees					
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
WRIGHT		ERIC			05/28/15
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
STAPLES				<input checked="" type="checkbox"/> Check # 1004 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
891 Farmington Avenue		Bristol		CT	06010
Purpose of Expenditure (by code)	Description	Event #		Amount	
FNDR	Purchase labels for fundraiser INVITATIONS	062715 A		\$12.75	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
WRIGHT		ERIC			05/29/15
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
STAPLES				<input checked="" type="checkbox"/> Check # 1004 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
891 Farmington Avenue		Bristol		CT	06010
Purpose of Expenditure (by code)	Description	Event #		Amount	
FNDR	Purchase paper supply and color ink to print fundraiser INVITATIONS	062715 A		\$78.24	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
				<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
SUBTOTAL Section T — This Page		\$90.99			
TOTAL of additional Section T Pages		0			
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS		\$90.99			